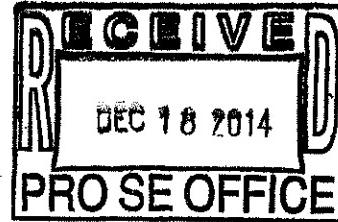


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Muriel Veronica Richards,



(In the space above enter the full name(s) of the plaintiff(s).)

-against-

The New York Public Library; Mr.Corry Gadson of The New
York Public Library

COMPLAINT
FOR EMPLOYMENT
DISCRIMINATIONJury Trial: Yes No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. Typically, the company or organization named in your charge to the Equal Employment Opportunity Commission should be named as a defendant. Addresses should not be included here.)

14 CV 10272

This action is brought for discrimination in employment pursuant to: (check only those that apply)

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634.

NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117.

NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.



New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297 (age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status).



New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131 (actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status).

I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Muriel Veronica Richards
 Street Address 115 Mills Avenue,
 County, City Staten Island,
 State & Zip Code New York 10305
 Telephone Number 347-933-5272

- B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant Name The New York Public Library *& Mr. Corry Gadson
of the New York Public
Library*
 Street Address 188 Madison Avenue,
 County, City New York,
 State & Zip Code New York 10016
 Telephone Number 1-212-592-7322

- C. The address at which I sought employment or was employed by the defendant(s) is:

Employer The New York Public Library
 Street Address 56 Giffords Lane,
 County, City Staten Island,
 State & Zip Code New York 10308
 Telephone Number 1-718-984-6670

II. Statement of Claim:

State as briefly as possible the facts of your case, including relevant dates and events. Describe how you were discriminated against. If you are pursuing claims under other federal or state statutes, you should include facts to support those claims. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. The discriminatory conduct of which I complain in this action includes: (*check only those that apply*)

- Failure to hire me.
 Termination of my employment.
 Failure to promote me.
 Failure to accommodate my disability.
 Unequal terms and conditions of my employment.

Retaliation.

Other acts (specify): _____

Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.

- B. It is my best recollection that the alleged discriminatory acts occurred on: 2008-present
Date(s)

- C. I believe that defendant(s) (check one):

is still committing these acts against me.

is not still committing these acts against me.

- D. Defendant(s) discriminated against me based on my (check only those that apply and explain):

race _____

color _____

gender/sex _____

religion _____

national origin _____

age. My date of birth is 08/31/1966 (Give your date of birth only if you are asserting a claim of age discrimination.)

disability or perceived disability, IDDM; legal blindness; OSA; (specify)

- E. The facts of my case are as follow (attach additional sheets as necessary):

1) Defendant ignored relevant medical documentation; 2) Defendant has consistently denied plaintiff dozens and dozens of positions; 3) Defendant, on at least one occasion, did not respond in accordance with the relevant provisions of the ADA regarding one of plaintiff's request for reasonable accomodation;

Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.

III. Exhaustion of Federal Administrative Remedies:

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: 08 16 13 (Date).

B. The Equal Employment Opportunity Commission (*check one*):

- X has not issued a Notice of Right to Sue letter.
issued a Notice of Right to Sue letter, which I received on 09/20/14 (Date).

Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.

C. Only litigants alleging age discrimination must answer this Question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (check one):

- X 60 days or more have elapsed.
_____ less than 60 days have elapsed.

IV. Relief:

WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs, as follows:

1) Alteration of Feb. 2013 disciplinary memo to include existence and content of relevant medical documentation submitted to defendant previously; 2) \$300,000 as well as all other compensatory and punitive damages permitted
(Describe relief sought, including amount of damages, if any, and the basis for such relief.) Well under applicable law(s); back pay, future earnings, as well all other relief and damages deemed appropriate by this Honorable Court.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15th day of December 2014

Signature of Plaintiff

Address

115 Mills Avenue

Staten Island, New York 10305

Telephone Number

~~347-933-5272~~

Fax Number (if you have one)

Mr. R. P. Ross.
Dec 15, 2014

MICHAEL T. IPPOLITO
Notary Public, State of New York
No. 24-4748270 Qual. In Kluge Co.
Commission Expires Sept. 30, 2017

Name Muriel Richards	Company The New York Public Library	Employee ID 127409	Pay Period Begin 12/01/2014	Pay Period End 12/14/2014	Check Date 12/12/2014	Check Number 714948
Employee Address P.O. Box 20122 Staten Island, NY 10302	Employee Phone	Company Address 445 Fifth Avenue, 8th Floor New York, NY 10016	Company Phone +1 (212) 552-7413			
Current	Gross Pay 735.77	Pre Tax Deductions 22.07	Taxes 16.44	Post Tax Deductions 64.72		Net Pay 479.54
YTD	19,503.97	585.14	4,834.79	856.30		
Description Bonus	Earnings Hours	Rate	Amount	Employee Taxes		
Holiday Pay Regular	12/01/2014 - 12/14/2014	35	21.021978	735.77	500.00 City Tax - NY 642.90 Federal Withholding 17,171.93 Medicare 1,189.14 OASDI State Tax - NY 20.33	14.19 410.26 78.29 2,281.29 10.73 284.29 45.90 1,215.61 643.34
Retro Payment						
Earnings						
Description New York State Retirement	Pre Tax Deductions Amount 22.07	19,503.97	Employee Taxes 169.44		4,834.79	
	YTD 585.14			Post Tax Deductions Amount 14.72 50.00		
				Local 1930 Union Dues Staff Loan Payback	356.30	
Earnings or Deductions	22.07	585.14	Deductions 64.72		500.00	
Description Medicare - Taxable Wages Federal Withholding - Taxable Wages OASDI - Taxable Wages			Taxable Wages 856.30			
			Amount 740.23 718.16 740.23		YTD 19,606.55 19,021.41	
					19,606.55	

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Staten Island, NY 10312
(718) 208-4118

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Muriel Richards
115 Mills Avenue
2nd floor
Staten Island, NY 10305

Client ID: 95
Invoice #: 443
Date: 11/5/2014

Patient ID: 309

Patient Name: Glenda

Species: Feline

Weight: 2.90 pounds

Birthday: 08/05/2014

Sex: Female

11/5/2014	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
	OV-Puppy/Kitten	Danielle Pugliese, DVM	1.00	\$42.00
	Antech FeLV/FIV Elisa		1.00	\$63.50
	Revoulution Pup/Kit		1.00	\$16.00
	Capstar Tablet 11.4mg		1.00	\$7.50
	Nemex 2 Suspension (Pyrantel Pamoate)		1.00	\$12.50
	Nail Trim Courtesy		1.00	\$0.00
				Patient Subtotal:
				\$141.50
				Invoice Total:
				\$141.50
				Courtesy Discount:
				(\$12.50)
				Total:
				\$129.00
				Balance Due:
				\$129.00
				Previous Balance:
				\$0.00
				Balance Due:
				\$129.00
				Cash :
				(\$140.00)
				Less Payment:
				(\$140.00)
				Change Given:
				\$11.00
				Balance Due:
				\$0.00

Scheduled Appointments:
Appt. for Wiggles on 11/7/2014 at 09:00 am.

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Muriel Richards
115 Mills Avenue
2nd floor
Staten Island, NY 10305

Client ID: 95

Invoice #: 499

Date: 11/17/2014

Patient ID: 331

Patient Name: Greyfriar

Species: Feline

Weight: 8.70 pounds

Breed: Domestic Shorthair

Birthday: 11/15/2006

Sex: Male

<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
11/15/2014 OV-Initial Consultation/Exam	Danielle Pugliese, DVM	1.00	\$57.00
Radiograph- Initial View		1.00	\$100.00
Comprehensive CBC Laboratory Test		1.00	\$45.00
Catalyst Chemistry 10		1.00	\$65.00
Antech FeLV/FIV Elisa		1.00	\$63.50
11/17/2014 Cremation		1.00	\$40.00
Patient Subtotal:			\$370.50
Invoice Total:			\$370.50
50% Discount :			(\$133.50)
20% Discount :			(\$12.70)
Total:			\$224.30
Invoice Balance Due:			\$224.30
Cash :			(\$120.00)
Less Payment:			(\$120.00)
Invoice Balance Due:			\$104.30
Balance Due:			\$705.98

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Muriel Richards
115 Mills Avenue
2nd floor
Staten Island, NY 10305

Client ID: 95
Invoice #: 526

Date: 11/21/2014

Patient ID: 131

Patient Name: Wiggles

Species: Feline

Weight: 4.00 pounds

Breed: Domestic Shorthair

Birthday: 06/27/2014

Sex: Male

<u>Description</u>	
11/17/2014	OV-Consultation/Exam
	Comprehensive CBC Laboratory Test
	Idexx Chem 17
	Antech FIP 7b ELISA
	Fluids IV Setup
	Esophagostomy Tube Placement
	Cerenia Injection
	Antibiotic Injection
	Hospitalization ICU
	Died in Hospital
	Communal Cremation 0-5lbs

<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
Danielle Pugliese, DVM	1.00	\$57.00
	1.00	\$45.00
	1.00	\$95.00
	1.00	\$124.60
	1.00	\$125.00
	1.00	\$250.00
	1.00	\$30.00
	1.00	\$35.00
	1.00	\$185.00
	1.00	\$0.00
	1.00	\$30.00
Patient Subtotal:		\$976.60

Patient ID: 331

Patient Name: Greyfriar

Species: Feline

Weight: 8.70 pounds

Breed: Domestic Shorthair

Birthday: 11/15/2006

Sex: Male

<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
Danielle Pugliese, DVM	1.00	\$0.00

Patient Subtotal: \$0.00**Invoice Total:** \$976.60

50% Discount : (\$350.00)

20% Discount : (\$24.92)

Total: \$601.68

Invoice Balance Due: \$601.68**Invoice Balance Due:** \$601.68**Balance Due:** \$705.98

Our doctors and staff thank you for choosing our Hospital. We appreciate your business and enjoy providing care for your pets. Thank You.

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Muriel Richards	The New York Public Library	127409	12/01/2014	12/14/2014	12/12/2014	714348
P.O. Box 20122 Staten Island, NY 10302	Employee Phone	Company Address				
445 Fifth Avenue, 8th Floor New York, NY 10016 United States of America		Company Phone				
		+1 (212) 592-7413				
Gross Pay	Pre Tax Deductions	Taxes	Post Tax Deductions	Net Pay		
735.77	22.07	169.44	64.72	479.54		
19,503.97	585.14	4,834.79	856.30	13,227.74		
Earnings	Dates	Hours	Rate	Amount	YTD	Description
Bonus				500.00		City Tax - NY
Holiday Pay				642.90		Federal Withholding
Regular	12/01/2014 - 12/14/2014	35	21.021978	735.77	78.29	Medicare
Retro Payment				17,171.93	10.73	OASDI
				1,189.14	45.90	State Tax - NY
					20.33	
						643.34
Earnings		735.77	19,503.97	Employee Taxes	169.44	4,834.79
Pre Tax Deductions	Amount	YTD	Post Tax Deductions	Amount	YTD	
New York State Retirement		585.14	Local 1930 Union Dues	14.72	356.30	
		22.07	Staff Loan Payback	50.00	500.00	
Earnings or Deductions		22.07	585.14	Deductions	64.72	856.30
Taxable Wages						
Description						
Medicare - Taxable Wages						
Federal Withholding - Taxable Wages						
OASDI - Taxable Wages						

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Muriel Richards
115 Mills Avenue
2nd floor
Staten Island, NY 10305

Client ID: 95

Invoice #: 526

Date: 11/21/2014

Patient ID: 131

Patient Name: Wiggles

Species: Feline

Weight: 4.00 pounds

Breed: Domestic Shorthair

Birthday: 06/27/2014

Sex: Male

<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
OV-Consultation/Exam	Danielle Pugliese, DVM	1.00	\$57.00
Comprehensive CBC Laboratory Test		1.00	\$45.00
Iuexx Chem 17		1.00	\$95.00
Antech FIP 7b ELISA		1.00	\$124.60
Fluids IV Setup		1.00	\$125.00
Esophagostomy Tube Placement		1.00	\$250.00
Cerenia Injection		1.00	\$30.00
Antibiotic Injection		1.00	\$35.00
Hospitalization ICU		1.00	\$185.00
Died in Hospital		1.00	\$0.00
Communal Cremation 0-5lbs		1.00	\$30.00

Patient Subtotal: \$976.60

Weight: 8.70 pounds

Birthday: 11/15/2006

Sex: Male

<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
Euthanasia Services	Danielle Pugliese, DVM	1.00	\$0.00
			\$0.00

Patient Subtotal: \$0.00

Invoice Total: \$976.60

50% Discount : (\$350.00)

20% Discount : (\$24.92)

Total: \$601.68

Invoice Balance Due: \$601.68

Balance Due: \$705.98

Balance Due:

\$705.98

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